

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/719326	FILING DATE
APPLICANT(S):		

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT	IND.	2nd AMENDMENT	IND.	DEP.
1					
2	1				
3	1				
4	31				
5	10				
6	4				
7	14				
8	4				
9	14				
10	4				
11	14				
12	4				
13	14				
14	4				
15	4				
16	4				
17	5				
18	4				
19	14				
20	4				
21	10				
22	5				
23	14				
24	10				
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45					
46					
47					
48					
49					
50					
TOTAL IND.	1	↓		↓	↓
TOTAL DEP.	23	↓	↓	↓	↓
TOTAL CLAIMS	24	↓	↓	↓	↓

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
53						
54						
55						
56						
57						
58						
59						
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98						
99						
100						
TOTAL IND.		↓		↓	↓	↓
TOTAL DEP.		↓		↓	↓	↓
TOTAL CLAIMS		↓		↓	↓	↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS